

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0156
Date:	7-15-2022
Amount Paid:	\$906-24-22 316 Res Accy Bldg.
Other:	
Refund:	



INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Jonathan Walburg				Mailing Address: 7495 State Hwy 13				City/State/Zip: Washburn/WI/54891				Telephone: 715-292-4201			
Address of Property: 7495 State Hwy 13				City/State/Zip: Washburn/WI/54891								Cell Phone:			
Email: (print clearly) jonathanwalburg@gmail.com															
Contractor:				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# 36567		Recorded Document: (Showing Ownership) Vol. 145 P. 371					
1/4, 1/4		Gov't Lot		Lot(s) 3		CSM 1830		Vol & Page V. 11		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 07, Township 48 N, Range 04 W				Town of: Barksdale				Lot Size				Acreage 6.990			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?	If yes---continue -->	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes---continue -->	Distance Structure is from Shoreline : 500 feet		
<input checked="" type="checkbox"/> Non-Shoreland					

Value at Time of Completion * include donated time & material \$30,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?		Type of Water on property	
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation		<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City		<input type="checkbox"/> City
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab		<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____		<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)				<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Holding Tank		
	<input type="checkbox"/> Run a Business on Property		Use		<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
	<input type="checkbox"/>		Year Round			<input type="checkbox"/> Portable (w/service contract)		
					<input type="checkbox"/> Compost Toilet			
					<input type="checkbox"/> None			

Existing Structure: (if addition, alteration or business is being applied for)	Length: 32	Width: 24	Height: 24
Proposed Construction: (overall dimensions)	Length: 24	Width: 16	Height: 18

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) _____	( 16 X 24 )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	Other: (explain) _____	( X )		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jonathan Walburg  
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Date: 6/02/2022

Authorized Agent: \_\_\_\_\_ (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



APPLICANT - PLEASE COMPLETE PLOT PLAN

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL

see attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	150 Feet	Setback from the Lake (ordinary high-water mark)	500 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	
		Setback from the Bank or Bluff	
Setback from the North Lot Line	200 Feet		
Setback from the South Lot Line	100 Feet	Setback from Wetland	25 Feet
Setback from the West Lot Line	475 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	125 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	175 Feet	Setback to Well	175 Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE(s):** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

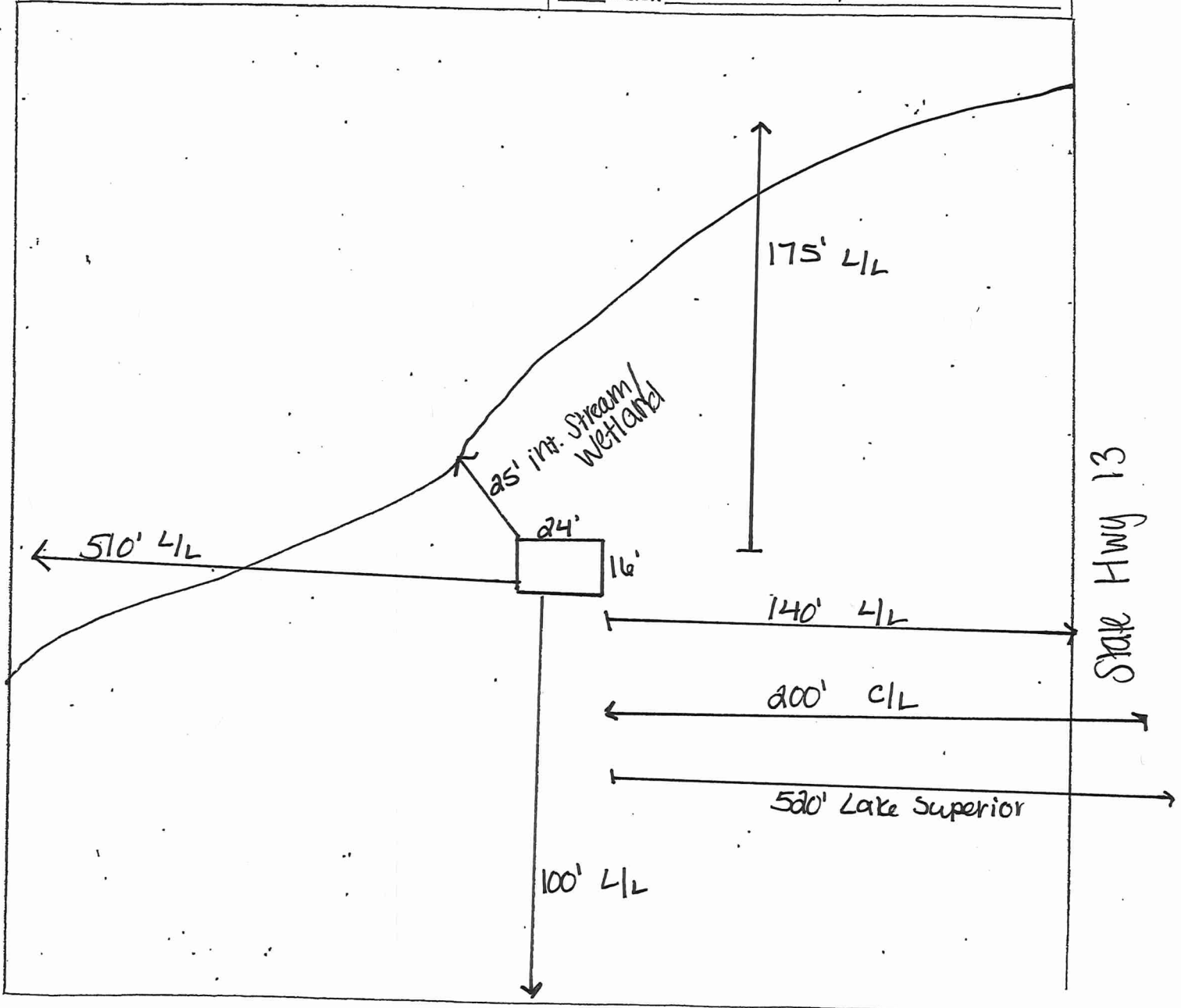
If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 18-175	# of bedrooms: 3	Sanitary Date: 3/13/2018	
Permit Denied (Date):	Reason for Denial:			
Permit #: 22-0156	Permit Date: 7-15-2022			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Proposed building staked.		Zoning District ( R1 ) Lakes Classification ( - )		
Date of Inspection: 6/28/2022	Inspected by: MS	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) To meet all Setbacks including eaves and overhangs. No plumbing and/or sleeping quarters for personal storage only. Town/State/DNR permits may be required.				
Signature of Inspector: [Signature]			Date of Approval: 6/30/2022	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

# Field Investigation

Date: <u>6/28/2022</u>	Arrive: _____ Depart: _____
Landowner: <u>Jonathan Walburg</u>	Photos taken: Yes <u>(No)</u>
Project Location: <u>74795 State Hwy 13</u>	Persons Present: <u>ms</u>
Waterway: _____	Purpose of visit: _____
PIN# _____ *Attach Real Estate Inquiry*	<input checked="" type="checkbox"/> ZP Onsite _____ SAP
Paid \$ _____ Receipt # _____	<input type="checkbox"/> Sanitary _____ Wetland Delineation
	<input type="checkbox"/> Floodplain _____ OHWM
	<input type="checkbox"/> Boathouse _____ Complaint
	<input type="checkbox"/> Averaging _____ Walkout
	<input type="checkbox"/> Other: _____



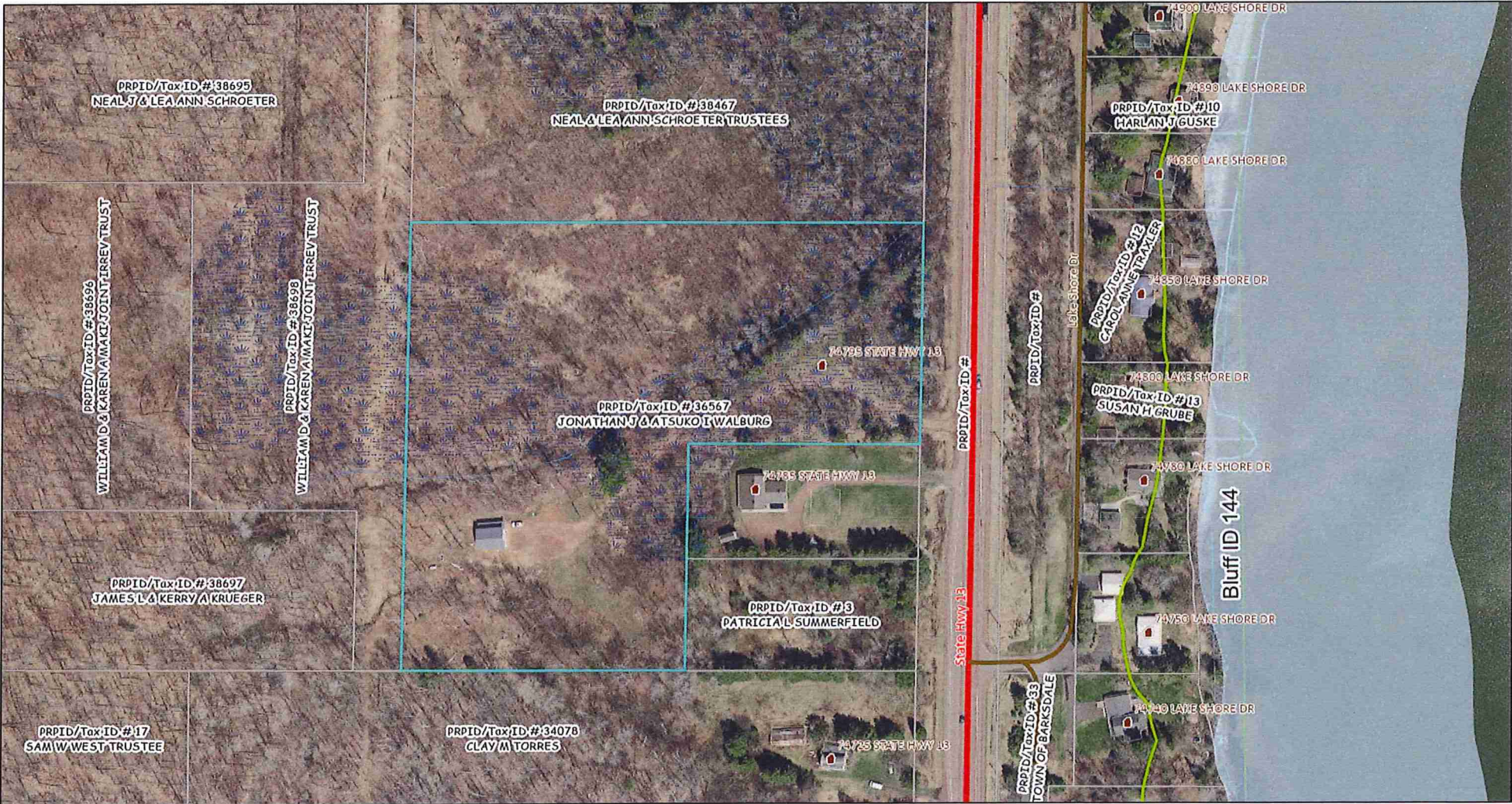






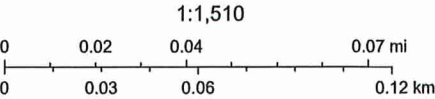


Bayfield County, WI



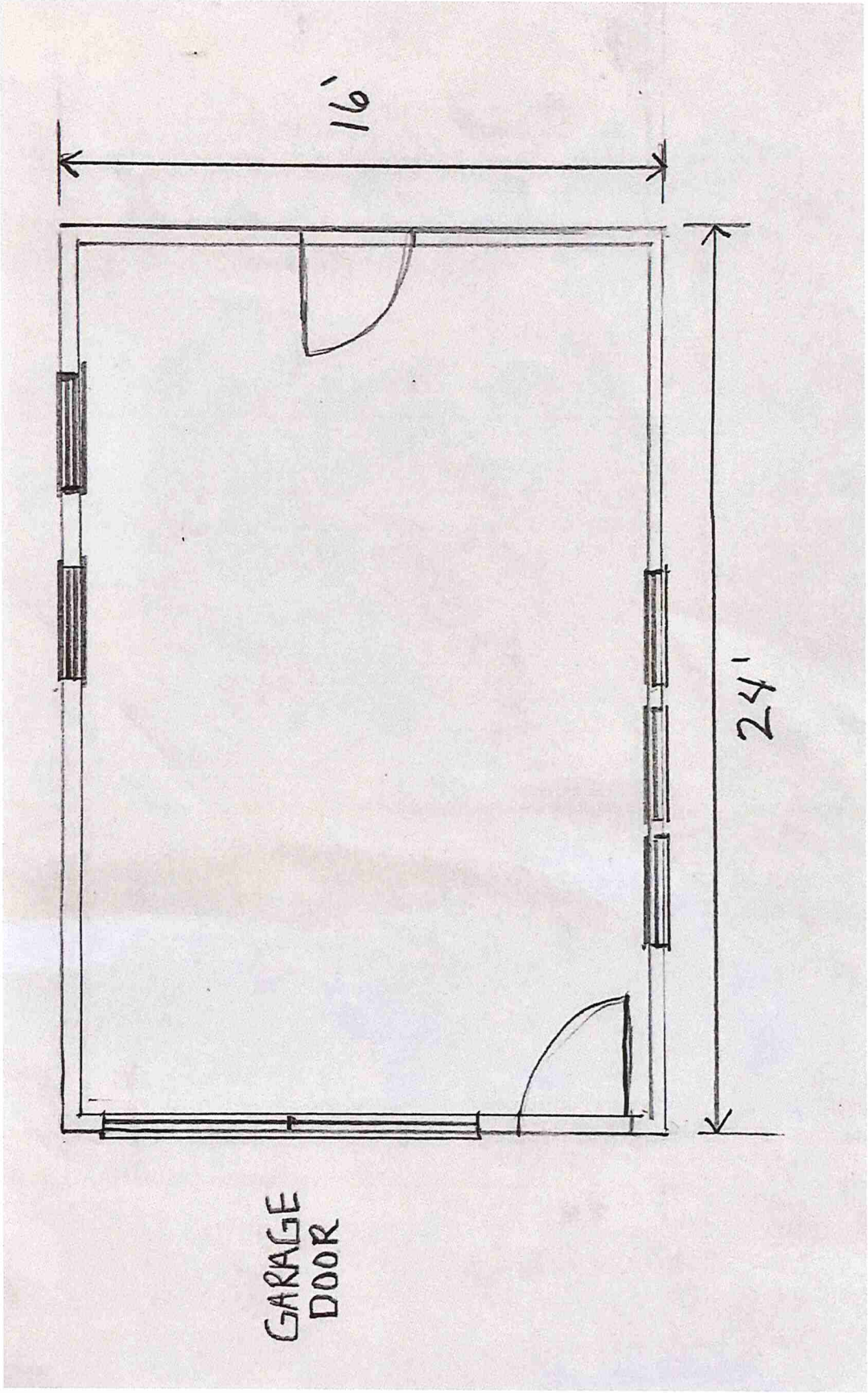
6/27/2022, 10:48:27 AM

- Wellands
- Rivers
- Approximate Parcel Boundary
- Road Type
- State
  - Town
- Lake Superior Shoreline Recession Segments
- There is no bluff and, thus, no average annual rate of bluff recession in this reach of shoreline.
- Flood Plain Boundaries Active Dec 16th, 2011
- AE = Base floodplain where base flood elevations are provided.
- Lake Superior Proposed Setback Line
- Building Footprint 2015
- Building



Bayfield County Land Records Department





**Description**

Updated: 8/3/2020

Tax ID:36567

PIN:04-002-2-48-04-07-2 05-001-13600

Legacy PIN:

Map ID:

Municipality:(002) TOWN OF BARKSDALE

STR:S07 T48N R04W

Description:LOT 3 CSM #1830 IN V.11 P.1 (LOCATED IN GOVT LOT 1) IN V.1145 P.371

Recorded Acres:6.990

Calculated Acres:7.020

Lottery Claims:0

First Dollar:Yes

ESN:103

**Tax Districts**

Updated: 2/6/2013

1STATE

04COUNTY

002TOWN OF BARKSDALE

046027SCHL-WASHBURN

001700TECHNICAL COLLEGE

**Recorded Documents**

Updated: 2/6/2013

**WARRANTY DEED**

Date Recorded: 7/9/20152015R-559474 1145-371

**CERTIFIED SURVEY MAP**

Date Recorded: 1/9/20132013R-547656 11-1

**CERTIFIED SURVEY MAP**

Date Recorded: 11/15/20122012R-546813 10-366

**Ownership**

Updated: 8/3/2020

JONATHAN J & ATSUKO I WALBURGWASHBURN WI

**Billing Address:**  
JONATHAN J & ATSUKO I  
WALBURG  
74795 STATE HWY 13  
WASHBURN WI 54891

**Mailing Address:**  
JONATHAN J & ATSUKO I  
WALBURG  
74795 STATE HWY 13  
WASHBURN WI 54891

**Site Address** \* indicates Private Road

74795 STATE HWY 13

WASHBURN 54891

**Property Assessment**

Updated: 6/24/2021

**2022 Assessment Detail**

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.000	11,000	157,100
G5-UNDEVELOPED	1.070	300	0
G6-PRODUCTIVE FOREST	4.920	7,900	0

**2-Year Comparison**

	2021	2022	Change
Land:	19,200	19,200	0.0%
Improved:	157,100	157,100	0.0%
Total:	176,300	176,300	0.0%

**Property History**

**Parent Properties**

04-002-2-48-04-07-2 05-001-1310036562

04-002-2-48-04-07-2 05-001-1320036563

04-002-2-48-04-07-2 05-001-1330036564

Tax ID

**HISTORY** [Expand All History](#)

White=Current ParcelsPink=Retired Parcels

**Tax ID: 1 Pin: 04-002-2-48-04-07-2 05-001-13000 Leg. Pin: 002100002000**

**Tax ID: 36564 Pin: 04-002-2-48-04-07-2 05-001-13300**

**Tax ID: 1 Pin: 04-002-2-48-04-07-2 05-001-13000 Leg. Pin: 002100002000**

**Tax ID: 36563 Pin: 04-002-2-48-04-07-2 05-001-13200**

**Tax ID: 1 Pin: 04-002-2-48-04-07-2 05-001-13000 Leg. Pin: 002100002000**

**Tax ID: 36562 Pin: 04-002-2-48-04-07-2 05-001-13100**

36567

This Parcel

Parents

Children



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X (Wetland)**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0156** Issued To: **Jonathan & Atsuko Walburg**

Location:  $\frac{1}{4}$  of  $\frac{1}{4}$  Section **7** Township **48** N. Range **4** W. Town of **Barksdale**

Gov't Lot Lot **3** Block Subdivision CSM# **1830**

**Residential Structure in R-1 zoning district**

For: **Accessory: [ 1- Story ]; Garage (16' x 24') = 384 sq. ft. ] Height of 18'**

**(Disclaimer): Any future expansions or development would require additional permitting.**

**Condition(s): Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior. Must meet and maintain setbacks including eaves and overhangs. For personal storage only. Town/State/DNR permits may be required.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**McKenzie Slack, AZA**

Authorized Issuing Official

**July 15, 2022**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
FEB 28 2022  
Bayfield Co.  
Planning and Zoning Agency

Permit #: 22-0151  
Date: 7-15-2022  
Amount Paid: \$250 ATF 3-8-22  
\$250 Spcl-B 3-16  
Other:  
Refund:

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED: ☐ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Patrick and Beth Palma  
Mailing Address: 29805 Wedal Rd. Washburn, WI 54891  
City/State/Zip: Washburn, WI 54891  
Telephone: 715-209-1297  
Address of Property: 29805 Wedal Rd.  
City/State/Zip: Washburn, WI 54891  
Cell Phone:  
Email (print clearly): b.palma1@gmail.com  
Contractor:  
Contractor Phone:  
Plumber:  
Plumber Phone:  
Authorized Agent (Person Signing Application on behalf of Owner(s)):  
Agent Phone:  
Agent Mailing Address (include City/State/Zip):  
Written Authorization Required (for Agent):  
PROJECT LOCATION: Legal Description: (Use Tax Statement)  
Tax ID#: 175  
Recorded Document: (Showing Ownership) Warranty Deed 459601 768/220  
Subdivision:  
Section 14, Township 48 N, Range 05 W  
Town of: Barksdale  
Lot Size: Acreage 7.85

Shoreland: ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes--continue  
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue  
Distance Structure is from Shoreline: Intermittent Stream 60 feet  
Distance Structure is from Shoreline: feet  
Is your Property in Floodplain Zone? ☒ Yes ☒ No  
Are Wetlands Present? ☒ Yes ☒ No  
Non-Shoreland

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type:	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 2-1000 gal holding tanks	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input checked="" type="checkbox"/> Run a Business on Property		Use <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for) Length: 93' Width: 25' Height: 14'  
Proposed Construction: (overall dimensions) Length: Width: Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input checked="" type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Accessory Building (explain)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input checked="" type="checkbox"/>	Other: (explain) Bed & Breakfast	( 93 X 25 )	2325

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jack and Beth M. Palma  
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over





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- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

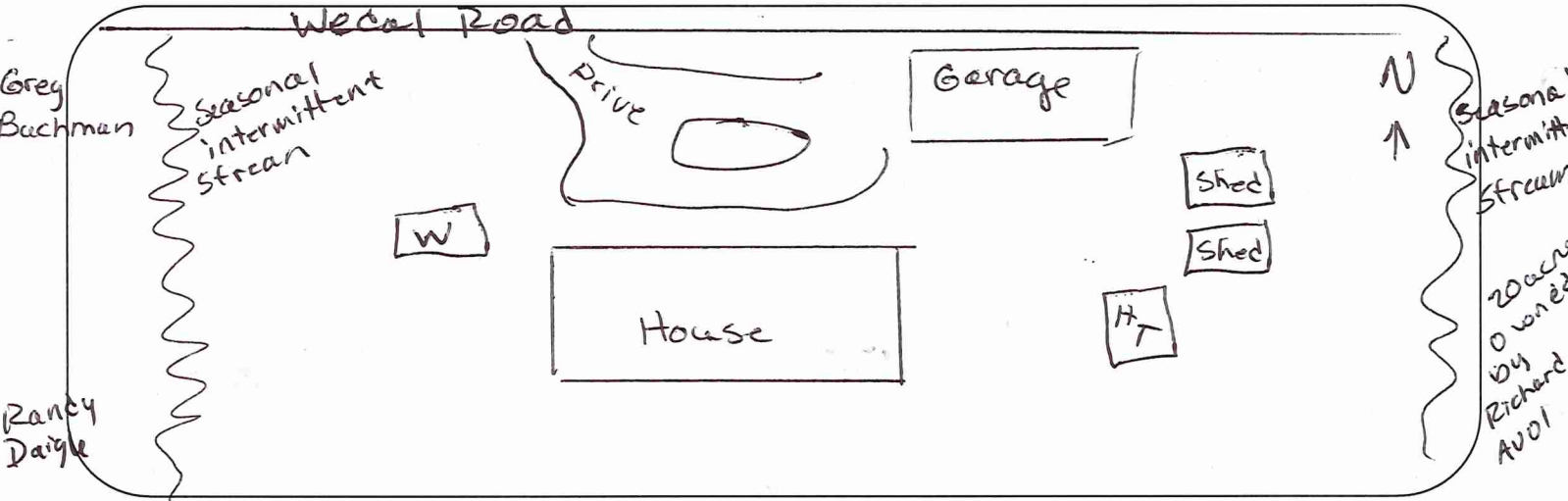
All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Richard Avo1

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point) existing house

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	300 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	270 Feet	Setback from the River, Stream, Creek	60 Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	300 Feet		
Setback from the South Lot Line	275 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	300 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	175 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	30 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s): All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 137107	# of bedrooms: 2	Sanitary Date: 8/15/1990
Permit Denied (Date):	Reason for Denial:		
Permit #: 22-0151	Permit Date: 7-15-2022		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Existing	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: No onsite, existing home.	Zoning District (A-1) Lakes Classification (N/A)		
Date of Inspection: —	Inspected by: —	Date of Re-Inspection: —	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) To meet all conditions of document No. 2022-595 Town/State/DNR permits may be required. 459			
Signature of Inspector: [Signature]			Date of Approval: 7/13/2022
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>



Agenda Item: H  
Meeting Date: 4-21-22

**APPLICATION FOR SPECIAL USE PERMIT**

FEB 28 2022

Bayfield County Planning and Zoning Dept.  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.org

Bayfield Co.  
Planning and Zoning Agency

**\*\* Please consult AZA / Zoning prior to submitting this appl. \*\***

Office Use:  
Zoning District A-1  
Lakes Class N/A  
Notices Sent \_\_\_\_\_  
Fee Paid \$250 Spd-Bd  
\$250 ATF

The Undersigned hereby requests a Special Use Permit as follows:

Property Owner Patrick and Beth M. Palmer Contractor \_\_\_\_\_

Property Address 29805 Wedal Road Authorized Agent \_\_\_\_\_

Washburn, WI 54891 Agent's Telephone \_\_\_\_\_

Telephone 715-209-1297 Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request (specify only the property involved with this application)

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#
		<u>175</u>
1/4, 1/4, of Section <u>14</u> , Township <u>48</u> N, Range <u>05</u> W		Town of: <u>Barksdale</u>
<u>W 570' of N 600' of NE 1/4 of SE 1/4 in V. 785 P. 220</u>		Lot Size
Gov't Lot	Lot #	CSM #
		<u>786/220</u>
Vol. Page	Lot(s) No.	Block(s) No.
<u>786/220</u>		
Subdivision:		Acreage <u>7.85</u>

Description from Classification List \* Class B Special Use Permit Bed & Breakfast Facility

Briefly state what is being requested and why: We are requesting a Class B Special Use Permit for an existing Bed and Breakfast facility.  
(Currently licensed with Bayfield County)

THE FOLLOWING "**MUST**" BE INCLUDED WITH THIS APPLICATION (or will be returned for completion):

1. Completed Bayfield County **Application for Permit**
2. **Pink Form** with applicants portion filled out (**Do Not Send or Give to Town Clerk**)
3. **Appropriate Fees** – (1) Committee (\$250); (2) County (see fee schedule)
4. A **(\$30)** check payable to: Reg. of Deeds
5. Copy of your **Deed**; Copy of Current **Tax Statement**; and Copy of **Flex Viewer (Map)**
6. Plot Plan (**show** the area involved, its location, dimensions and location of adjacent property owners)
7. Adjoining property owners **names/addresses** (see reverse side of this form)

**PINK FORM:** Property Owner **must** send **TOWN BOARD RECOMMENDATION (aka: TBA)** to Zoning Office at the time of application deadline. (This form will be sent by the Zoning Department to the Town Clerk for their recommendation).

★ ★ **Note:**

Receiving Zoning Committee approval, **does not** allow the start of business or construction, you **must** first obtain your permit(s) from the Zoning Department.



LIST ADJACENT PROPERTY OWNERS ON THIS FORM:

Provide names and full addresses of the owners of all property abutting the applicant's property and anyone within 300 feet. (**Note:** Applicant is solely responsible for obtaining accurate, current names and addresses.)

Attach separate sheet only if additional space is needed.

(1) Randy Daigle 29515 Wedal Rd. Washburn, WI 54891	(2) Richard Avo1 2 E. Bayfield St. Washburn, WI 54891	(3) Greg Buchman 29715 Wedal Rd. Washburn, WI 54891
(4) Ruth Oppedahl P.O. Box 323 Washburn WI 54891	(5) Curt & Gail Proppson 7780 Corcoran Trail west Hamel MN 55340	(6) Paul & Evergreen Amundson 73690 Ondossagon Rd Washburn WI 54891
(7) Denise Bosak P.O. Box 112 Washburn WI 54891	(8)	(9)
(10)	(11)	(12)

Have you consulted with an AZA and/or Zoning Dept. prior to applying for permit? Yes (X) No ( )

All Structures involved with this application will require an individual land use application and fee

Signature of Property Owner  
M. Palra  
Property Owner's Signature

Agent's Signature

Agent's Address

29805 wedal Rd.  
Washburn, WI 54891  
Property Owner's Mailing Address

Date

Any Changes involved with this application after issuance will require additional approval & issuance.

Website Available  
www.bayfieldcounty.org/147

RECEIVED

MAR 11 2022

Bayfield Co.  
Planning and Zoning Agency

March 11, 2022

Bayfield County Planning and Zoning  
117 E 5th St.  
Washburn, WI 54891

To the Zoning Committee,

We would like to make known while operating our one unit Bed and Breakfast licensed with Bayfield County and the State of Wisconsin; we did not know we were required to have a Class B Special Use Permit. On discovering this we immediately began the application process. Our delay in applying for the permit is not intentional. We were only made aware of the Bayfield County Bed and Breakfast License February of 2022.

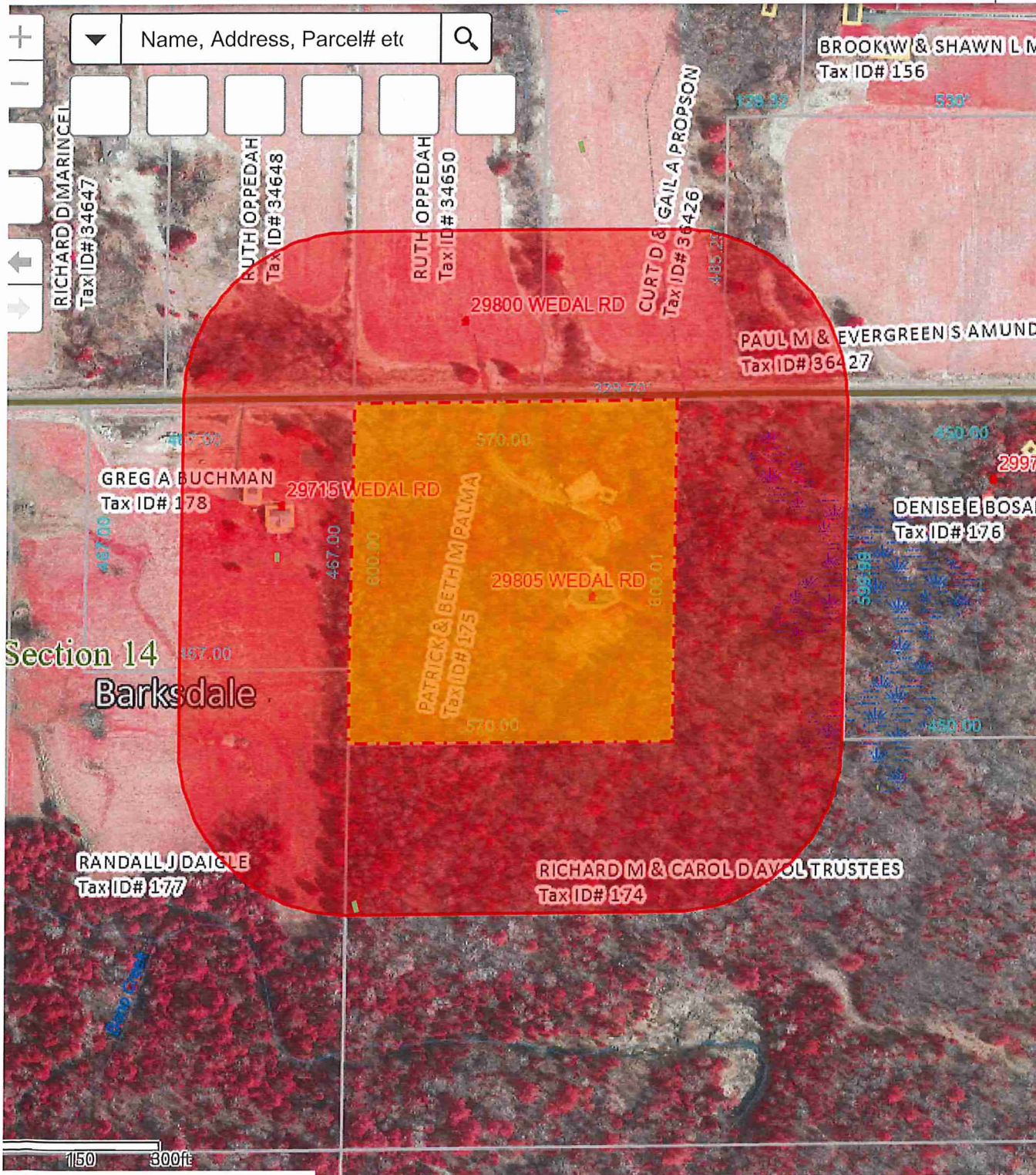
Sincerely,

Handwritten signatures of Patrick Palma and Beth M. Palma. The signature of Patrick Palma is written above the signature of Beth M. Palma.

Patrick Palma  
Beth M Palma  
29805 Wedal Road  
Washburn, WI 54891  
715-209-1297





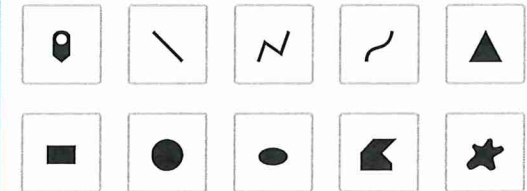


## Create Mailing Labels

### Search by Draw

Select by clicking or drawing on the map

1. Select parcels using one of the shape tools
2. Click the **Export** button at the bottom of the panel to generate labels  
(no need to click the **Search** button)



### Search by Options

Search

1 parcels selected  
(4000 record maximum)

### Print Labels

Distance (feet): 300

Avery Labels Template: 5160

Export

Clear Map



PAUL M & EVERGREEN S AMUNDSON  
73690 ONDOSSAGON RD  
WASHBURN, WI 54891

RANDALL J DAIGLE  
29515 WEDAL RD  
WASHBURN, WI 54891

RICHARD M & CAROL D AVOL  
TRUSTEES  
2 E BAYFIELD ST  
WASHBURN, WI 54891

PATRICK & BETH M PALMA  
29805 WEDAL RD  
WASHBURN, WI 54891

BUCHMAN, GREG A & DAIGLE, CONNIE L  
29715 WEDAL RD  
WASHBURN, WI 54891

RUTH OPPEDAHL  
PO BOX 323  
WASHBURN, WI 54891

CURT D & GAIL A PROPSON  
7780 CORCORAN TRAIL WEST  
HAMEL, MN 55340

# TOWN BOARD RECOMMENDATION – SPECIAL USE - B (aka: TBA)

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department  
P.O. Box 58 – Washburn, WI 54891  
Phone – (715) 373-6138  
Fax – (715) 373-0114  
e-mail: zoning@bayfieldcounty.org

Web Site available:  
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

RECEIVED

APR 20 2022

Bayfield Co.  
Planning and Zoning Agency

**Applicants must give this (Pink) form to the Planning and Zoning Department with their application.** Planning and Zoning Dept. must send form and copy of application to the Town Clerk. (It is requested that Board of Adjustment & Zoning Committee public hearing(s) and agenda item(s) receive Town Board's position **prior** to consideration of application.)

**THIS FORM MUST BE MAILED TO TOWN CLERK – BY ZONING DEPT.**

Property Owner Patrick and Beth M Palma Contractor \_\_\_\_\_

Property Address 29805 Wedel Road Authorized Agent \_\_\_\_\_

Washburn, WI 54891 Agent's Telephone \_\_\_\_\_

Telephone 715-209-1297 Written Authorization Attached: Yes ( ) No ( )

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

W 570' 1/4 of N 600' 1/4, Section 14, Township 48 N., Range 05 W. Town of Barksdale

Govt. Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ CSM# \_\_\_\_\_

Deed # 459601 Volume \_\_\_\_\_ Page \_\_\_\_\_ of Deeds Tax I.D.# 175 Acreage 7.85

Additional Legal Description: \_\_\_\_\_

Applicant: (State what you are asking for) Class B special use permit for existing licensed

Zoning District: Ag-1

Lakes Classification: N/A

Bed and Breakfast - (1 room)

We, the Town Board, TOWN OF BARKSDALE, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: This **question** applies to Planning & Zoning Committee Applications **only**; it **does not apply** to Board of Adjustment Applications ☒ Yes ☐ No

**Township:** (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

supports home based business & tourism as supported by land use plan

\*\* THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The **Pink** form returned to Zoning Department **not a copy or fax**

\*\* NOTE:

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: July 2018

Signed:

Chairman: John Myasa

Supervisor: Garrett V. Fohl

Supervisor: Chris Bunting

Supervisor: \_\_\_\_\_

Clerk: Angela Trucken

Date: April 12th, 2022







RUTH OPPEDAHN  
Tax ID# 34648

RUTH OPPEDAHN  
Tax ID# 34650

29800 WEDAL RD

Wedal Rd

PAUL M & EVERGREEN S AMUNDSON  
Tax ID# 36427

29975 WEDAL RD

Bjork Rd

GREG A BUCHMAN  
Tax ID# 178

29715 WEDAL RD

PATRICK & BETH M PALMA  
Tax ID# 175

Section 14  
29805 WEDAL RD

DENISE EBOSAK  
Tax ID# 176

Section 1

COLUMBINE WILSON TRUSTEE

RICHARD M & CAROL D AVOL TRUSTEES  
Tax ID# 174

Barksdale

RANDALL J DAIGLE  
Tax ID# 177

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2

2

2

2

TOWN OF BARKSDALE TREASURER  
SUSAN SANDERS  
71730 RANGE RD

STATE OF WISCONSIN - BAYFIELD COUNTY  
REAL ESTATE PROPERTY TAX BILL FOR 2021

PATRICK & BETH M PALMA  
TOWN OF BARKSDALE

ASHLAND WI 54806  
Phone: (715) 979-1894  
E-Mail: barksdaletreasurer@gmail.com

RECEIVED

FEB 28 2022

Bayfield Co.  
Planning and Zoning Agency

PATRICK & BETH M PALMA  
29805 WEDAL RD  
WASHBURN WI 54891

PAYMENTS should reference: **Tax ID: 175**

DOCUMENT RECORDING, or anything else should reference:  
PIN: 04-002-2-48-05-14-4 01-000-30000  
Alternate/Legacy ID: 002-1016-03 990  
Ownership: PATRICK & BETH M PALMA

Important: Be sure this description covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

Property Description / Location of Property

Site Address: 29805 WEDAL RD

Description: Sec 14 Tn 48 Rg 05 W 570' OF N 600' OF NE SE IN V.785 P.220

Please include self-addressed, stamped envelope for return receipt.  
Please inform your treasurer of any billing address changes.

Acreage: 7.850

Document: 459601 785-220

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit) 0.01375636	Real Estate Tax: 2,207.89 First Dollar Credit: -54.49 Lottery Credit: -193.24 Net Real Estate Tax: 1,960.16 <b>Total Due: 1,960.16</b>
Land	Improved	Total			
\$25,900	\$134,600	\$160,500	0.98664		
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$252.14	For full payment pay to TOWN OF BARKSDALE treasurer by <b>January 31, 2022</b>
Land	Improved	Total			
\$26,300	\$136,400	\$162,700			
Estimated State Aids Allocated Tax District			Net Tax		% Tax Change
			2020	2021	
Taxing Jurisdiction	2020	2021	2020	2021	
COUNTY	30,623	32,815	623.06	657.82	5.6
TOWN OF BARKSDALE	235,569	239,504	543.22	568.21	4.6
SCHL-WASHBURN	932,006	976,640	905.60	929.65	2.7
TECHNICAL COLLEGE	63,610	67,302	54.76	52.21	-4.7
<b>Totals</b>	<b>1,261,808</b>	<b>1,316,261</b>	<b>2,126.64</b>	<b>2,207.89</b>	<b>3.8</b>
First Dollar Credit			56.89	54.49	-4.2
Lottery & Gaming Credit			139.43	193.24	38.6
<b>Net Property Tax</b>			<b>1,930.32</b>	<b>1,960.16</b>	<b>1.5</b>

Pay 1st Installment Of: 883.46 Pay 2nd Installment Of: 1,076.70  
Or Pay Full Payment Of: 1,960.16  
by January 31, 2022 by July 31, 2022

Amount enclosed: Amount enclosed:  
PATRICK & BETH M PALMA PATRICK & BETH M PALMA  
Tax ID: 175 (002) Tax ID: 175 (002)  
Make payment payable and mail to: Make payment payable and mail to:  
TOWN OF BARKSDALE TREASURER BAYFIELD COUNTY TREASURER  
SUSAN SANDERS JENNA GALLIGAN  
71730 RANGE RD PO BOX 397  
ASHLAND WI 54806 WASHBURN WI 54891  
Include this stub with your payment Include this stub with your payment





Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **X (Existing 137197)**  
SIGN –  
SPECIAL – **X (4/21/2022) (Tn of Barksdale-4/12/2022)**  
CONDITIONAL –  
BOA –

**BAYFIELD COUNTY**  
**PERMIT**

**WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION**

No. **22-0151** Issued To: **Patrick & Beth Palma**

**W 570' of N 600' of**  
Location: **NE ¼ of SE ¼ Section 14 Township 48 N. Range 5 W. Town of Barksdale**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **[Bed & Breakfast]:**

Condition(s): **To meet all conditions of Doc # 2022R-595459  
Town/State/DNR permits may be required.**

**NOTE:** Special Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Special Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**McKenzie Slack, AZA**

Authorized Issuing Official

**July 15, 2022**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	22-0139
Date:	7-11-2022
Amount Paid:	\$126 5-27-22 Reserve Bldg Fee
Other:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: John P McCue				Mailing Address: 70390 Range Road				City/State/Zip: Ashland, WI 54806				Telephone: 715-682-4322			
Address of Property: 70390 Range Road				City/State/Zip: Ashland, WI 54806								Cell Phone: 715-292-0503			
Email: (print clearly) jmcue@centurytel.net															
Contractor: Economy Garages				Contractor Phone: 218-729-3106				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Required (for Agent)			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID# 437		Recorded Document: (Showing Ownership)					
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #	
Subdivision:															
Section 31		Township 48		N, Range 05		W		Town of: Barksdale		Lot Size		Acreage 20.610			

Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Property/Land within 1000 feet of Lake, or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$42,426	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>septic</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 26'	Width: 26'	Height: 14'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
<input type="checkbox"/> Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building (explain) <u>Garage</u>	( 26 X 26 )	676
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Other: (explain) <u>Garage</u>	( 26 X 26 )	676

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John P. McCue  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 5-9-2022

Authorized Agent: \_\_\_\_\_ (See Note below)  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: \_\_\_\_\_

Address to send permit \_\_\_\_\_

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

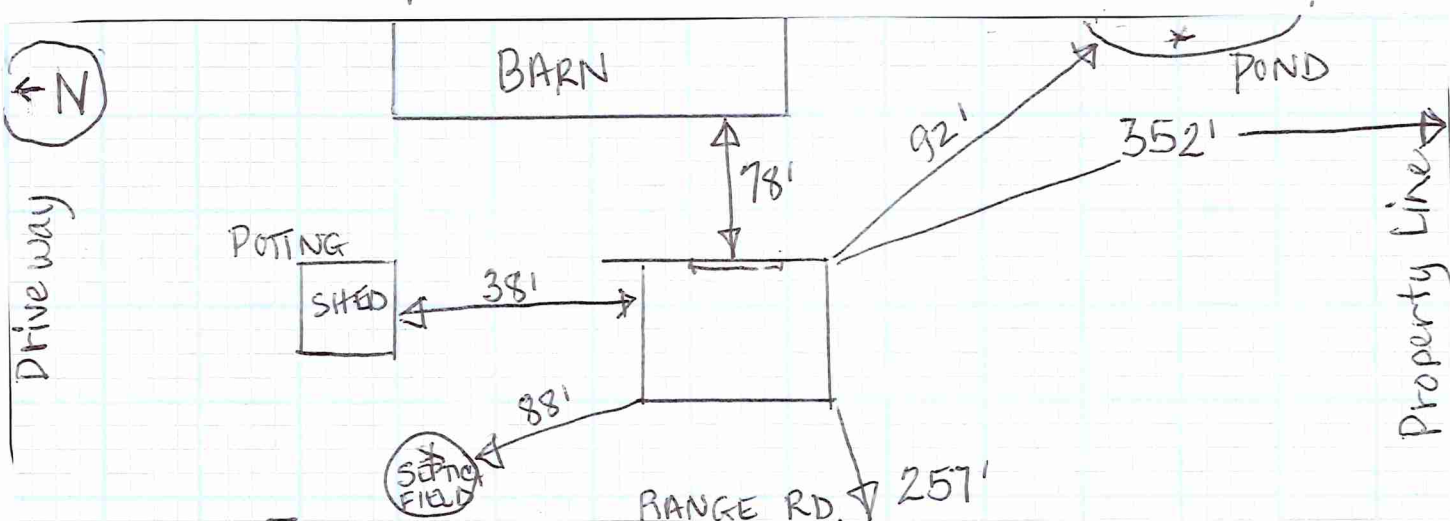
All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	257' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	352' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	88' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

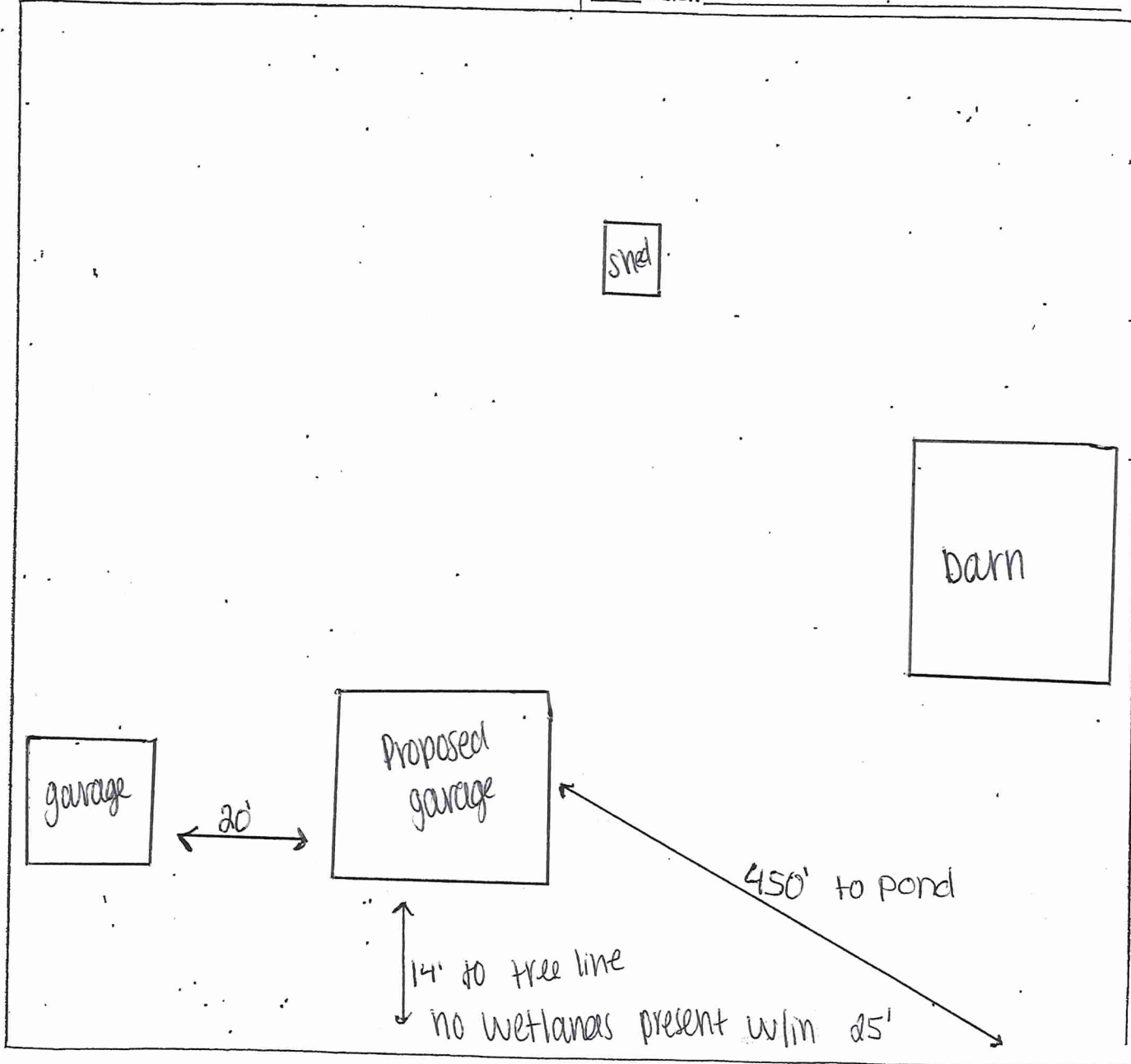
You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 18414.3	# of bedrooms: 3	Sanitary Date: 5/5/1993
Permit Denied (Date):		Reason for Denial:		
Permit #: 22-0139		Permit Date: 7-11-2022		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Proposed building staked. Mapped wetland on GIS, proposed building 725' from wetlands.				Zoning District ( A1 )
Date of Inspection: 6/24/2022 Inspected by: MS				Lakes Classification ( - )
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)				
To meet all setbacks including eaves and overhangs. No plumbing and/or living quarters for personal storage only. Town/State/DPW permits may be required.				
Signature of Inspector: [Signature]				Date of Approval: 6/24/2022
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



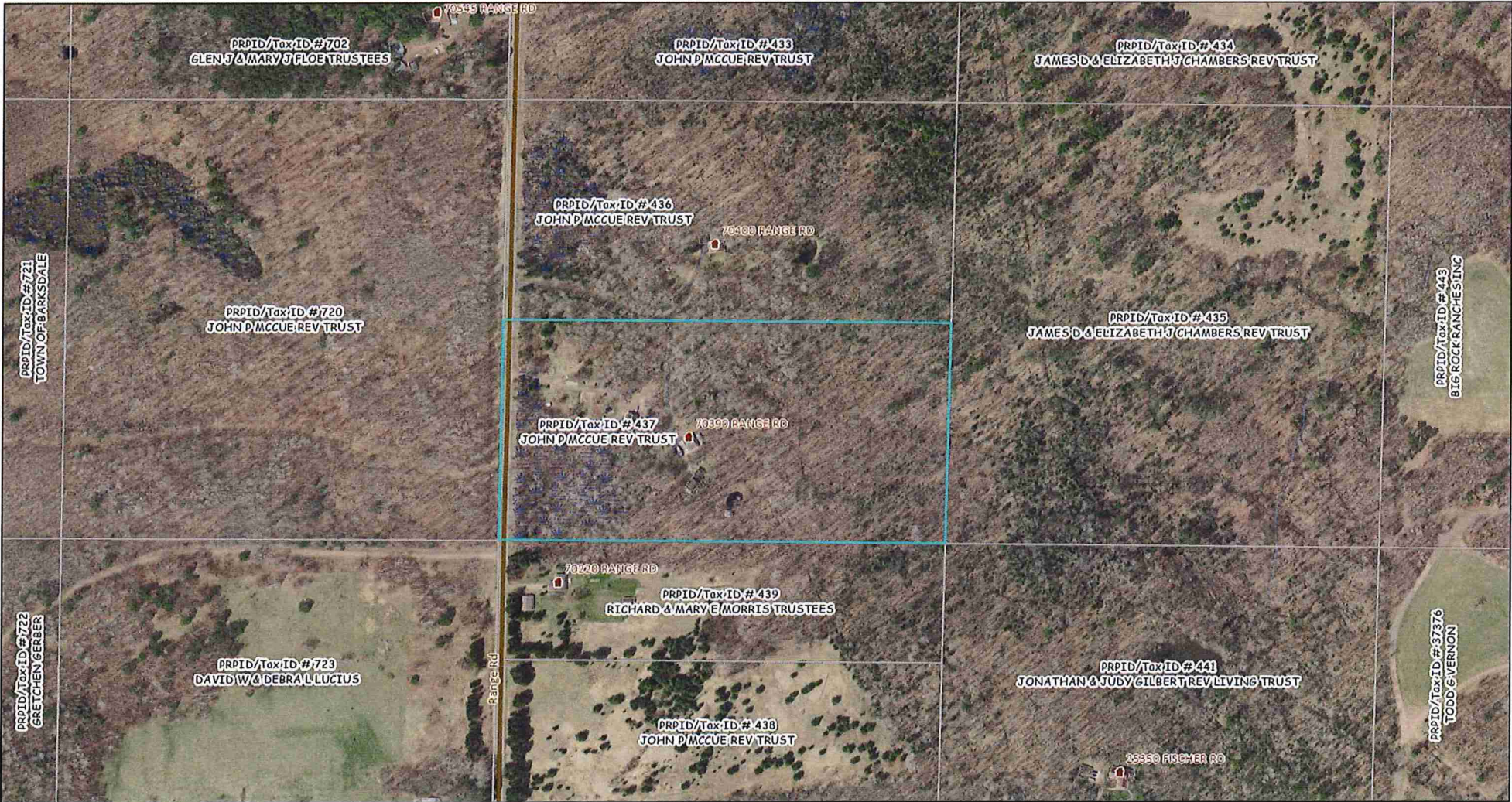
# Field Investigation

Date: 6/24/2022	Arrive: 10:10am Depart: 10:25am
Landowner: John McCue	Photos taken: <input checked="" type="radio"/> Yes <input type="radio"/> No
Project Location: 70390 Range Rd.	Persons Present: MS
Waterway:	Purpose of visit
PIN# _____ *Attach Real Estate Inquiry*	<input checked="" type="checkbox"/> ZP Onsite <input type="checkbox"/> SAP
Paid \$ _____ Receipt # _____	<input type="checkbox"/> Sanitary <input type="checkbox"/> Wetland Delineation
	<input type="checkbox"/> Floodplain <input type="checkbox"/> OHWM
	<input type="checkbox"/> Boathouse <input type="checkbox"/> Complaint
	<input type="checkbox"/> Averaging <input type="checkbox"/> Walkout
	<input type="checkbox"/> Other: _____



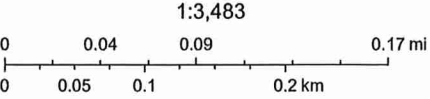


Bayfield County, WI



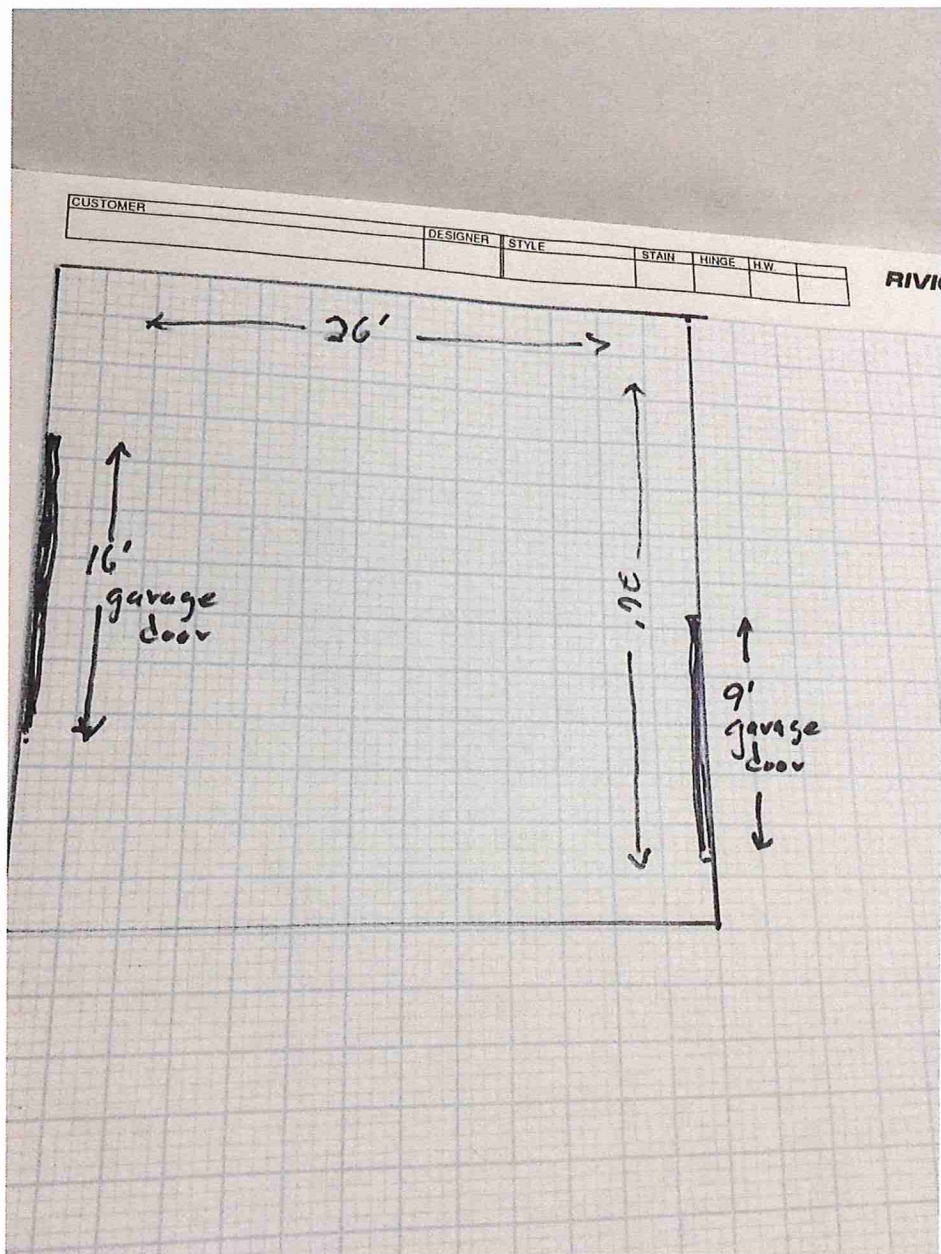
6/21/2022, 2:47:35 PM

- Wetlands
- Approximate Parcel Boundary
- Building Footprint 2015
- Rivers
- Road Type
- Town
- Building



Bayfield County Land Records Department





**TOWN OF BARKSDALE TREASURER**  
SUSAN SANDERS  
71730 RANGE RD

ASHLAND WI 54806  
Phone: (715) 979-1894  
E-Mail: barksdaletreasurer@gmail.com

**STATE OF WISCONSIN - BAYFIELD COUNTY**  
**REAL ESTATE PROPERTY TAX BILL FOR 2021**

JOHN P MCCUE REV TRUST  
TOWN OF BARKSDALE

**PAYMENTS** should reference: **Tax ID: 437**

**DOCUMENT RECORDING**, or anything else should reference:

**PIN:** 04-002-2-48-05-31-3 02-000-20000

**Alternate/Legacy ID:** 002-1041-02 000

**Ownership:** JOHN P MCCUE REV TRUST

**Important:** Be sure this description covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

**Property Description / Location of Property**

**Site Address:** 70390 RANGE RD

**Description:** Sec 31 Tn 48 Rg 05 S 1/2 NW SW IN DOC 2018R- 571976 301A (JOHN P MCCUE REV TRUST DTD 2/5/2018)

Please include self-addressed, stamped envelope for return receipt.  
Please inform your treasurer of any billing address changes.

**Acreage:** 20.610

**Document:** 2018R-571976

Assessed Value			Average Assessment Ratio	Net Assessed Value Rate (Does NOT reflect lottery or first dollar credit)	Real Estate Tax: 4,607.01 First Dollar Credit: -54.49 Lottery Credit: -193.24 Net Real Estate Tax: 4,359.28 <b>Total Due: 4,359.28</b>
Land	Improved	Total			
\$46,300	\$288,600	\$334,900	0.98664	0.01375636	
Estimated Fair Market Value			An "X" means unpaid prior year taxes. <input type="checkbox"/>	School taxes reduced by school levy tax credit. \$526.11	For full payment pay to TOWN OF BARKSDALE treasurer by <b>January 31, 2022</b>
Land	Improved	Total			
\$46,900	\$292,500	\$339,400			
Estimated State Aids					
Allocated Tax District			Net Tax		% Tax Change
Taxing Jurisdiction	2020	2021	2020	2021	
COUNTY	30,623	32,815	1,250.90	1,372.62	9.7
TOWN OF BARKSDALE	235,569	239,504	1,090.61	1,185.63	8.7
SCHL-WASHBURN	932,006	976,640	1,818.16	1,939.82	6.7
TECHNICAL COLLEGE	63,610	67,302	109.93	108.94	-0.9
<b>Totals</b>	1,261,808	1,316,261	4,269.60	4,607.01	7.9
First Dollar Credit			56.89	54.49	-4.2
Lottery & Gaming Credit			139.43	193.24	38.6
<b>Net Property Tax</b>			4,073.28	4,359.28	7.0

RECEIVED

MAY 09 2022

Bayfield Co.  
Planning and Zoning Agency



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **22-0139** Issued To: **John McCue Rev Trust**

**S 1/2**

Location: **NW** ¼ of **SW** ¼ Section **31** Township **48** N. Range **5** W. Town of **Barksdale**

**In Doc 2018R-571976**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

**Residential Structure in Ag-1 zoning district**

For: **Accessory: [ 1- Story ]; Garage (26' x 26') = 676 sq. ft. ] Height of 14'**

**(Disclaimer): Any future expansions or development would require additional permitting.**

**Condition(s): Not for Human Habitation or Sleeping Purposes. If Pressurized water enters structure a sanitary permit is required prior. Must meet and maintain setbacks including eaves and overhangs. For personal storage only. Town/State/DNR permits may be required.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**McKenzie Slack, AZA**

Authorized Issuing Official

**July 11, 2022**

Date